

NAPSA Donation Form

Please fill in your contact information to ensure correct preparation of your receipt for tax purposes.

I am making a donation in the amount of: \$

Donor Name:

Organization:

Address:

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Phone:

Email Address:

Please make check or money order payable to NAPSA and mail to:

**National Adult Protective Services Association
1612 K. Street NW #200
Washington, DC 20006**

NAPSA is a 501(c)(3) organization: EIN/TIN 30-0044497